

**PI8COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL  
DISABILITIES  
AND SUBSTANCE ABUSE SERVICES**

**Rules Committee Minutes**

**Holiday Inn-North  
2805 Highwoods Blvd., Raleigh, N.C. 27604**

**Thursday, October 19, 2006**

**Attending:**

**Commission for MH/DD/SAS Members:** Floyd McCullouch, Anna Scheyett, Pender McElroy, Clayton Cone, Dorothy Crawford, Pearl Finch, Ellen Holliman, Mazie Fleetwood, Ann Forbes, Buren Harrelson, Emily Moore, Jerry Ratley, Ellen Russell, Tom Ryba, Fredrica Stell, George Jones, Laura Coker, Connie Mele

**Ex-officio Members:** Sally Cameron, Yvonne Copeland, Joe Donovan, Bob Hedrick

**Excused:** Lois Batton, Dr. William Simms and Martha Martinat

**Division Staff:** Mike Moseley, Leza Wainwright, Mike Lancaster, Steven Hairston, Denise Baker, Cindy Kornegay, Marta T. Hester, Jason Reynolds, Bert Bennett, Susan Robinson

**Others:** Claire Szaz, Martha Brock, Melissa Holmes, Stephanie Alexander, John Crawford, Monica T. Jones

**Handouts:**

Mailed Packet:

1. October 19, 2006 Rules Committee Agenda
2. July 13, 2006 Draft Rules Committee Meeting Minutes
3. 10A NCAC 29D .0600 Proposed Repeal of Substance Abuse Assessments (DWI)
4. 10A NCAC 26C .0100 Proposed Amendment of Designation of Facilities for the Custody and Treatment of Involuntary Clients
5. 10A NCAC 29D .0400 Proposed Repeal of Therapeutic Home Rules
6. 10A NCAC 27G. 0404 Proposed Amendment of Operations During Licensed Period

**Additional Handouts:**

1. Summary of Collaboration Between the Division of Mental Health, Developmental Disabilities and Substance Abuse Services NC Department of Health and Human Services (DHHS) & NC Department of Public Instruction (DPI)
2. Rules to be Developed by SFY 2007
3. DMH/DD/SAS 2007 Key Components

### **Call to Order:**

Chairman Floyd McCullouch opened the meeting at 9:40 a.m.

Mr. McCullouch requested a moment of silence for people with disabilities, and the military deployed abroad. Mr. McCullouch then asked Co-Chair Anna Scheyett to continue the facilitation of the meeting. Ms. Scheyett stated that before introductions, Pender McElroy, the Commission Chairman, had an announcement to make. Mr. McElroy introduced and welcomed Marta T. Hester, the new Mental Health Program Administrator who will be working with the Commission. Introductions by all present followed.

### **Approval of Minutes:**

Laura Coker asked that the minutes of July 13, 2006 meeting be amended as follows:

#### **10A NCAC 27I .0601 Non-Medicaid Appeal Process**

Laurie Coker addressed Diane Pomper commenting that according to consumers and families, there were in fact NOT adequate processes in place at the state level for addressing clients' rights issues. This was in response to the statement written in the comment grid mailed to Commission members ahead of the meeting on the part of Division staff replying to a concern raised by J. Sullivan related to client rights.

*Upon motion, second, and unanimous vote, the Committee approved the minutes of the July 13, 2006 Committee meeting with the recommended changes.*

Mr. McElroy informed the Committee that he will be missing his first Commission meeting as Chair and his second in eleven years due to his scheduled absence at the November Commission meeting. He sits on the Board of Directors of the National Mental Health Association and on November 16<sup>th</sup> they will be holding a major kick-off celebration in Washington, DC to announce the organization's name change to Mental Health America. Emily Moore will be presiding as Chairperson over the November Commission meeting in his absence.

Mr. McElroy stated Ms. Scheyett had suggested that the Commission take an independent look at areas of rulemaking that may need attention and explore having a two day meeting in February with the first day designated for a strategic planning session concerning rulemaking and the second day for the full Commission meeting. He further added that stakeholder input would be widely solicited for this strategic planning and more information would be forthcoming.

### **Division Update:**

Mike Moseley, Director of DMH/DD/SAS, gave the Division Update. He began by stating it had come to the Division's attention that there had been Committee meetings wherein there was not a full day's agenda, that the Division recognizes the Commission members' time is valuable, and they are committed to correcting this. Mr. Moseley referred to the handout on *Rules to be Developed in SFY 2007* (See Attachment); the

chart was established within the Division to identify rules that need to be developed, the staff responsible for preliminary reports in each area, and the targeted completion dates.

Leza Wainwright, Deputy Director, DMH/DD/SAS, reviewed the *DMH/DD/SAS 2007 Key Components* document (See Attachment). This document outlines the major legislative changes during this past session, including the requirements of House Bill 2077 and Senate Bill 1741.

Ms. Wainwright also discussed the handout “Rules to be Developed in SFY 2007”. She corrected the date on items 11, 12 and 13 by changing the year from 2006 to 2007. She further added that not all of the subjects listed on the handout may ultimately be brought forward as proposed rules but these are topics the Division wanted to explore further to determine whether rulemaking is necessary.

Mr. McCullough asked if the Local Management Entities (LME) payments listed on the handout referred to payments made by the Division to the LME or LME to the provider or both. Ms. Wainwright answered that it was the Division to the LME.

Mr. McCullough asked if Item 6, “Consumer Complaints” on the handout, was about the provider, LME or both. Mrs. Wainwright answered that it could be both.

Mr. McElroy requested the clarification be provided regarding which rules are designated as Commission rules and which as the Secretary’s. The distinction made was that in general the Secretary engaged in rulemaking on fiscal issues, while the Commission handled most of the service-related issues. However, Division staff agreed to provide the Commission with detailed clarification of each rule.

Mazie Fleetwood commented on Item 13, “Divert SA Admissions from Psych Hospitals”, stating the state underestimates the number of bed days needed in hospitals. Mr. Moseley responded by saying they are trying to expand community options to divert people from going to state facilities. Mr. Moseley went on to say that if patients have to go to a state facility for substance abuse issues, the goal is to have those individuals go to an alcohol and drug abuse treatment facility rather than a psychiatric hospital.

Pearl Finch requested information regarding the need versus availability of psychiatric beds in communities. Mr. Moseley reported that many hospitals across North Carolina have licensed beds for inpatient treatment, but a number of these are not operating the beds for that purpose, because they are not revenue producing. He stated that he and Ms. Wainwright will be meeting with the Hospital Association in November to address this issue.

Questions were raised regarding whether or not the proposed rules regarding minimally adequate services would address services provided in community hospitals. Ms. Wainwright responded that it is not clear at this point how broad or narrow the scope of those rules may be. She also pointed out that inpatient services must be provided in facilities that have been accredited by a national accrediting body recognized by the State.

Mr. Cone asked whether the Division could sanction an agency without rules in place defining minimally adequate services. Mr. Moseley responded that the rules for minimally adequate services would need to be in place in order for the Secretary to take action specific to the statutory requirements associated with this term. Rulemaking

concerning minimally adequate services is specifically related to G.S. 122C-124.1 and G.S. 122C-125.

Mr. Cone then raised questions regarding the Division's workforce capacity to enforce the rules even if they were in place. Mr. Moseley responded that the Division does not have adequate capacity to provide all of the functions required by system reform.

Mr. McElroy asked why adequate resources were not available. Mr. Moseley responded that the Division has historically been understaffed in comparison with other states. He pointed out that an additional 42 positions were lost as a result of the 2001 Division reorganization. Mr. Moseley further stated that one of the roles of the consultant who is being brought on board is to look at the Division's capacity. The Division also plans to request additional positions in the expansion budget process.

Ms. Scheyett suggested that the Advisory Committee also include additional workforce for the Division as part of its research on the Workforce Development Work Plan.

Mr. McElroy noted that proposed rule change summary pages were not included in the current mail out packet and requested they be included in future mailings.

#### **10A NCAC 29D .0600 Proposed Repeal of Substance Abuse Assessments (DWI):**

Jason Reynolds of the DMH/DD/SAS DWI Unit, Justice Innovations Team, presented the proposed repeal of Substance Abuse Assessments rules. These rules are proposed for repeal because there are current rules in place which cover all the subject matter contained in these rules. When the current rules were adopted, these rules were not repealed.

*Upon motion, second and unanimous vote, the Rules Committee approved the proposed repeal of 10A NCAC 29D .0600 to be forwarded to the full Commission for approval for publication.*

#### **10A NCAC 26C .0100 Proposed Amendment of Designation of Facilities for the Custody and Treatment of Involuntary Clients:**

Bert Bennett, DMH/DD/SAS Community Policy-Best Practice Team, presented the proposed amendments of Designation of Facilities for the Custody and Treatment of Involuntary Clients. The proposed amendments are necessary to update and provide accurate information concerning designation of these facilities. The Secretary has rulemaking authority for the subject matter of the proposed amendments. They were presented to the Rules Committee for information and comment.

Clayton Cone made a statement about the proposed change in language concerning accrediting bodies and being able to differentiate between them. Ms. Wainwright said that approval of accrediting bodies would be one of the rules the Division would be bringing to the Commission in the future. Ms. Wainwright also stated the accrediting

bodies would be approved by the Secretary and the criteria for approval would be included in the proposed rule language.

**10A NCAC 29D .0400 Proposed Repeal of Therapeutic Home Rules and Update on the Proposed Service Definition for Therapeutic Foster Care Services:**

Susan Robinson, DMH/DD/SAS Prevention and Early Intervention Team within the Community Policy and Management Section, presented the proposed repeal of Therapeutic Home Rules. Ms. Robinson presented on behalf of Dr. Michael Lancaster, the Chief of Clinical Policy at the DMH/DD/SAS. The proposed repeals are necessary to update rules to reflect current practices. Services for children and adolescents that are provided in private residences are licensed in accordance with G.S. 131D requirements; therefore, the therapeutic home rules are no longer needed.

Ms. Robinson also provided the Committee with information on the proposed service definition for therapeutic foster care services. The DMH/DD/SAS, the Division of Social Services and the Division of Medical Assistance collaborated on the development of this new service definition. The draft service definition has been posted on the DMA website for the required comment period and must be approved by the Centers for Medicaid and Medicare Services before it can become effective.

*Upon motion, second and unanimous vote, the Rules Committee approved the proposed repeal of 10A NCAC 29D .0400 to be forwarded to the full Commission for approval for publication.*

**Collaborative Initiatives DPI and DMH/DD/SAS:**

Ms. Robinson also presented information in response to an inquiry from the last Commission meeting regarding collaborative work between mental health and public school systems at the state and community level. She provided a handout entitled, *Summary of Collaboration Between the DMH/DD/SAS, NC DHHS, and DPI* and elaborated on the working partnerships listed. (See Attachment).

**Other Discussion:**

Ms. Scheyett stated that she had been informed that Ellen Holliman had a brief agenda item to bring before the Committee.

Ellen Holliman brought up the subject of adult care homes and the number of people with mental illnesses that are residing in these homes. Ms. Holliman stated the Secretary is moving forward to develop rules for homes to separate people with mental illness from the elderly. Ms. Holliman questioned who would develop the rules for the long term care facilities that would be serving people with mental illness and recommended that it come to the Commission for MH/DD/SAS. Ms. Wainwright suggested that the Committee invite Dr. Lancaster and Bonnie Morell to the next Commission meeting (Nov. 16<sup>th</sup>) to give a report on the Secretary's recommendations. In addition to rules the Secretary is recommending development of a new service definition.

Ellen Russell brought up the point that there are also many individuals with developmental disabilities who are inappropriately placed in adult care homes. Joe Donovan expressed concerns about developing small residential facilities for persons with mental illness rather than looking at supported housing options.

Sally Cameron informed the Committee that a legislative subcommittee has been appointed on the Mentally Ill in Adult Care Homes. The subcommittee is composed of four members of the Legislative Oversight Committee on MH/DD/SAS and 4 members of the Study Commission on Aging. She suggested that this is a place to have additional input and suggested that the Commission may be interested in receiving the task force report from 2005 that in part led to the formation of the current subcommittee. Ms. Wainwright mentioned that one of the recommendations from that report that was not funded was that there be a study on all of the housing needs in North Carolina and that the Secretary has decided she wants to go forward with that recommendation.

Several members expressed their desire for the outcome not to be “fixing the adult care homes” but to develop resources to adequately meet the housing needs of people with developmental disabilities and mental illnesses. Ms. Holliman stated that it may be a good idea to look at the situation as needing short and long term solutions since there are currently individuals living in these facilities that are inappropriately placed and there are no appropriate resources immediately available.

Ms. Scheyett asked Steve Hairston, the Chief of the Operation Support Section, DMH/DD/SAS, to send the Commission members the schedule of the subcommittee meetings, so that those who are interested can participate. Ms. Scheyett also asked if the Committee wanted to send the Commission’s Housing Report to the subcommittee as a way of letting the members know some of the Commission’s thinking on housing issues. The Committee agreed and she requested Mr. Hairston facilitate that. She also requested that a list of the dates for the Legislative Oversight Committee meetings be sent to the Commission members.

**10A NCAC 27G .0404 Proposed Amendment of Operations During Licensed Period:**

Stephanie Alexander, Chief of Mental Health Licensure at the Division of Facility Services (DFS), presented the proposed amendment of Operations During Licensed Period. The appropriations bill from 2005 made several changes in the statute that changed the licensing requirements. Therefore, the rule must be updated to reflect these changes. There are also items in the rule that are being updated because they no longer apply to the current licensure requirements. The Secretary has rulemaking authority for the subject matter of the proposed amendment. The proposed changes were presented to the Rules Committee for information and comment.

### **Commission for MH/DD/SAS Rulemaking Authority Related to LMEs and CFACs**

Mr. McElroy brought to the members' attention that two advocates had presented information at the last Commission meeting concerning LMEs interfering with the operations of CFACs. As a result he had requested clarification concerning the Commission's rulemaking authority in this area from the Attorney General's Office, and requested a presentation at today's meeting. Though scheduled, no one from the Attorney General's Office attended the meeting.

Mr. McElroy noted that in his reading of the statutory language included in House Bill 2077, CFACs are required to prepare their own bylaws, which are to specify how the members are selected. The statutory language requires CFACs to be self-governing and self-directed. In light of this Mr. McElroy stated that he was not sure the Commission needed to take any action at the current time. He recommended keeping an eye on the situation and continuing to hear from people on how things progressed in order to determine if additional steps were needed in the future.

Ms. Wainwright mentioned there may be other tools in addition to rulemaking that may be utilized to strengthen relationships between CFACs and LMES. She noted the funding that was built into the LME cost model for CFAC support, the possibility of including a performance measure in the contract between the Division and LMEs concerning support for CFACs and the possibility of the Division providing training to CFACs.

Ellen Holliman asked that concerns be specifically identified and that there not be an overgeneralization indicating that there are problems with CFAC and LME relationships across the board. She suggested using the complaint process in conjunction with Chris Phillips' staff to address specific areas of concern from individual CFACs.

Anna Scheyett noted that based on the discussion it did not appear there was any rule action needed at this time and that the issue is one the Commission should continue to monitor.

### **Follow Up on Training Programs for Employees of Retail Establishments (Pseudoephedrine Products)**

Mr. Hairston spoke on behalf of Sonya Brown, the Team Leader from DMH/DD/SAS, Justice System Innovations. Mr. Hairston stated that Chapter 90 of the NC General Statutes requires the Commission to develop a training program for employees of all retail establishments that sell pseudoephedrine products. Last spring at the Commission Chairman's request, Richard Slipsky from the Attorney General's Office was asked to provide further clarification on the requirement. As a result, Mr. Slipsky provided a letter of clarification to the Chairman, which was distributed to the Commission members stating that the Commission is obligated to develop a training program for employees of all retail establishments that sell pseudoephedrine products, including non-pharmacies. Following this development, a small committee consisting of the Chairman, Jerry Ratley, Denise Baker, Sonya Brown and a member of the DMH/DD/SAS Communication and

Training team, began to work on the training program. Through grant funding, Mr. Ratley's group with the NC Department of Justice was able to utilize the services of a staff attorney to develop a training program. The training program has been completed. The program will receive further review at the DMH/DD/SAS including comparison to the present training program and will be presented to the Commission for review and approval at the November meeting.

Ms. Scheyett asked who would be responsible for ongoing monitoring to ensure that the training is occurring. Mr. Hairston replied that the ongoing monitoring was still an unresolved issue, and that the statute only states that the Commission develops a training program. Mr. McElroy reiterated that the statute obligates the Commission to provide training, not monitoring. Next, Mr. Hairston discussed the training distribution plan. The NC Retail Merchants Association will distribute the information. The Division will send out an advisory through the DHHS and then post the training information on the DMH/DD/SAS website so that is available for all retail merchants of NC. He concluded his presentation by informing the Committee that monitoring may be something that Ms. Brown would address with the Commission at a future meeting.

#### **Public Comments:**

Joe Donovan expressed concerns over the human rights committee rules not being updated to reflect the new system. Leza Wainwright suggested that revision of the client rights committee rule could be looked at in conjunction with the development of rules concerning consumer complaints.

Laura Coker asked to address the Committee from a non-member view point. She stated that in her opinion very few CFACs operate in the way that was envisioned in the state plan. She further stated that the Commission needs to learn how to proactively create policy and looks forward to the strategic planning session that Anna Scheyett is going to lead.

Pender McElroy made comments in response to Ms.Coker's statements noting the importance of hearing from the consumer perspective. He further noted that CFACs are still relatively new and that it takes time to work through all the issues and problems. He stated that he hoped that the CFACs would continue to move forward in their advisory roles to LMEs and that the Commission would take necessary steps to promote positive growth in CFAC and LME relationships.

Tom Ryba discussed his concerns about financial viability of providers, using New Vistas' bankruptcy as an example. Mr. Ryba asked about the stability of services being provided by the private sector and their progress. Ms. Wainwright responded that there was a major concern about provider stability and that the Division is looking at what can be done to stabilize the provider community in general. She also talked about the importance of diversification in the provider community. Bob Hedrick noted the lack of providers to meet substance abuse needs and the need to coordinate services across counties in more rural areas of the state.



Clayton Cone asked how many LMEs continue to provide services. Ms. Wainwright responded that it was listed on the Division's website and that there were originally nineteen to twenty (19-20) and now it is approximately twelve to thirteen (12-13) and out of this group most are providing only a small number of specific services.

**There being no further business the meeting adjourned at 2:30 p.m.**

### Rules to be Developed in SFY 2007

#	Subject	Responsible Person	Completion Date
<i>From Communication Bulletins:</i>			
1	LBP Content & Submission	Dick Oliver	1/31/07
2	Process to Determine Target Populations	Spencer Clark	3/31/07
3	Secretary's Waiver Approval Board Process	Leza Wainwright	2/27/07
4	Area Director Evaluation	Dick Oliver	3/31/07
5	DHHS/LME Contract	Dick Oliver	3/31/07
6	Consumer Complaints	Stuart Berde	3/31/07
7	Provider Endorsement	Dick Oliver & Jim Jarrard	11/1/06
8	Letter of Support for Residential Treatment Facilities	Jim Jarrard & Dick Oliver	12/15/06
9	LME and Provider Accreditation	Jim Jarrard	10/1/06
10	Standardized Forms	Dick Oliver & Bert Bennett	12/15/06
11	LME Complaint Reporting	Stuart Berde	3/31/07
<i>From State Plans:</i>			
12	Bed Day Allocation	Laura White	5/1/07
13	Divert SA Admissions for Psych Hospitals	Laura White	5/1/07
14	Access Standards – Urgent, Emergent, Routine	Spencer Clark	12/1/06
15	LME Payments	Phillip Hoffman	1/31/06
<i>From G.S. 122C-112.1:</i>			
16	Uniform Portal	Spencer Clark	12/1/06
17	Minimally Adequate Services	Refer to PAG	??
<i>From Section 4.d of H2077:</i>			
18	High Risk Consumer	Bonnie Morell	11/14/06
19	High Cost Consumer	Bonnie Morell	11/14/06
20	Requirements for Secretary to remove LME functions	Dick Oliver	11/14/06
<i>Other Rules in Progress, not related to H2077</i>			
21	Modifications to SB 163 Monitoring Rules	Jim Jarrard & Shealy Thompson	1/15/07

**DMH/DD/SAS 2007 Key Components of Legislation**

Subject	Reference	Requirement
<b>1. HB 2077</b>		
1	State Plan 2006	Section 2.(b) DHHS produce a report summarizing all provisions of previous plans that are still applicable
2	Rules	DHHS adopt any rules required by: (Mixed rule-making authority)
		1. Previous plans
		2. G. S. 122C-112.1 (see # 8 below), or
		3. Previous directives and communications (ie. Endorsement)
3	State Plan 2007-2010	Section 2.(a) 3 Year Strategic Plan
4	Performance Measures	Section 2.(a) DHHS produce a semi-annual report beginning 10/1/06 on access, consumer outcomes, individualized planning, best practice, qm systems, system efficiency and effectiveness, prevention & early intervention
5	LME Financial Reports	Section 3 LMEs must submit quarterly reports on its finances to the county finance officers. County finance officers then report to the county Board of Commissioners
6	Functions of LMEs	1. 24/7/365 Screening, triage, and referral
		2. Provider endorsement, monitoring, technical assistance, capacity development and quality control.
		3. Utilization review for state-funded services. Quality review of PCPs for individuals receiving Medicaid funded services.
		4. Authorization of use of state facilities. Authorization of eligibility determination for CAP-MR/DD Waiver
		5. Care coordination and quality management. Monitoring effectiveness of PCPs.
		6. Community collaboration and consumer affairs
		7. Financial management
7	Rules	DHHS adopt rules defining:
		1. High risk consumer
		2. High cost consumer
		3. Notice requirements and procedures for Secretary to remove LME functions
8	Area Boards	Section 4.(e) Boards must have 11 - 25 members (30 if 8 counties or more and 500,000 population or more). Must have at least 2 members w/financial expertise. May have no more than 50% MD, clinical, family/advocate and consumer(used to be at least 50%). Members serve 3 year terms, 2 term consecutive limit. Board members serving at July 1, 2006 may remain on the board for one additional term.
9	Area CEO & CFO	Section 4.(g) Office of State Personnel to develop new job classifications for Area Directors and Finance Officers by December 31, 2006.
10	Multi-county service provider	Section 4.(l) 2 or more counties may enter into an interlocal agreement to be a service provider. Must meet all provider requirements. LMEs must adopt conflict of interest policy. Secretary must ensure fair competition and report to LOC on impact of this provision by 12/1/09.
11	Rules	DHHS to adopt rules required by G. S. 122C-112.1: (Secretary rules)
		1.Content and format of LME Business Plans
		2. Uniform portal
		3. Establishing program evaluation and management of mh/dd/sa services
12	Performance Measures	Section 4.(m) 4. Minimally adequate services  Implementation of "critical performance indicators" to judge LMEs' performance of LME system management functions

**DMH/DD/SAS 2007 Key Components of Legislation**

Subject	Reference	Requirement
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**1. HB 2077**

13	Local CFAC	Section 5	Local CFAC composed only of adult consumers and family members, 3 year terms, 2 consecutive term limit, CFAC determines number of members. CFACs: review, comment and monitor implementation of Local Business Plan; identify gaps in services; make recommendations regarding services; review and comment on budget; participate in quality improvement; submit to SCFAC findings and recommendations re: system improvement.
14	SCFAC	Section 5	SCFAC composed of 21 members, adult consumers or family members. 9 appointed by Secretary reflecting each of the disability groups. 3 each appointed by region by President Pro Tem of the Senate, Speaker of the House, NC Council of Community Programs, NC Association of County Commissioners. SCFAC reviews, comments and monitors implementation of State Plan; identifies gaps in services; makes recommendations on service array; reviews and comments on state budget; participates in quality improvement; receives findings from local CFACs; provides technical assistance to local CFACs.
15	LME Transfer Funds	Section 6	LMEs may transfer 15% of funds between age and disability categories; must publicly document that they've met the needs from the category which they are reducing. DHHS must assure that all state and federal requirements are met.
16	SA Licensing	Section 7	Removes requirement for licensure of SA outpatient facilities.

**2. SB 1741**

1	Ticket to Work	Section 10.9	Requires implementation of Ticket to Work by July 1, 2007.
2	State/County Special Assistance	Section 19.9F	Increases S/A in adult care homes to \$1,148/month effective 1/1/07
3	Crisis Funds	Section 10.26	Requires Secretary to designate 15-25 groupings of LMEs for crisis services purposes. Each group to develop a regional crisis plan with assistance of consultant hired by DHHS. LMEs will receive per capita share of \$5,250,000 upon approval of plan. If region decides beds are needed, first option is local hospital. If all needs in region have been met, individual LMEs may develop plans for money. Plans due to DHHS by 3/1/07.
4	1st Commitment Pilot	Section 10.27	Extends the sunset for the 1st Commitment Pilot authorized by SL 2001-178 until 10/1/07.
5	Hire consultant(s)	Section 10.28	Consultant(s) to assist with crisis services, strategic planning, increase capacity of DHHS to manage reform, develop 5-10 LME performance indicators, standardize UR and PCP review, provide TA to private providers in best practices, provide TA to LMEs on LME functions, implement standardized forms and procedures.
6	Revise LME Cost Model	Section 10.32(b)	DHHS must hold LME payments at 2005-2006 level (except may reduce UR by \$13,333,481 and claims payment by \$12,156,042) until a new cost model is developed and presented to LOC.
7	Size of LMEs	Section 10.32(c)	Effective July 1, 2007: minimum size of LME is 200,000 population or 6 counties.
8	Hospital Debt	Section 10.33H	Effective July 1, 2007 DHHS no longer responsible for paying debt service on new hospital in Butner. Funds made available by closure of Dix and Umstead will be available for transfer to community services.

**Summary of Collaboration Between the  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
NC Department of Health and Human Services (DHHS) &  
NC Department of Public Instruction (DPI)**

**Interagency Agreements** *that facilitate compliance with:*

- ✓ regulations set forth under Part B of the Individuals with Disabilities Education Act (IDEA as amended) as they pertain to children ages 3-20 years with disabilities served by both agencies.
- ✓ state statutes and special provisions which promote access to and coordination of services and supports for children with serious emotional disturbance and who may also have substance related disorders and/or developmental disabilities and their families.

**Working Partnerships** *for improving child/adolescent, family & system outcomes:*

- ✓ **DPI/DHHS-DMHDDSAS Transition Team** – Cross-agency effort developing guidelines, training and multi-media materials to facilitate service transitions for children with special needs. Promotes person centered planning through Child and Family Teams and other essential components of a System of Care. Examples of work completed include a CD Rom training tool and a community transition workbook.
- ✓ **Governor's Child and Family Support Team Initiative** - Established by the North Carolina General Assembly in 2005. The purpose of the initiative is to identify and coordinate appropriate community services and supports for children at risk of school failure and/or out of home placement in order to address the physical, social, legal, emotional, and developmental factors that affect academic performance.
- ✓ **Positive Behavior Supports (PBS)** – A strengths-based approach to implementing school-wide, system-wide change and positive performance outcomes for school administration, staff and children/youth. Sustaining and expanding efforts will be the focus of the 2005 federal application for community improvement education grants. Positive Behavior Supports is linked with improving child behavioral health outcomes (Bazelon Center, 2006).
- ✓ **Shared Agenda: Strategic School Based Behavioral Health and Mental Health Plan** – The school based mental health committee of the State Collaborative for Children and Families developed a strategic plan and obtained a two \$10,000 *Shared Agenda* seed grants. The *Shared Agenda* grant is a jointly funded federal special education and mental health collaborative initiative. Federal McKinney-Vento Homeless Education funds were leveraged to help 8 communities in strategic planning using the state plan as a guide this year.
- ✓ **School Health and Community Health** – Examples of efforts to coordinate planning and direct limited resources to improve the safety, health and well being of children (and their families) in school and in the community at large. Efforts range from universal prevention for all children to more targeted interventions with special populations of those children most at risk from B-20 years. These efforts require active partnering with state and community entities to improve health outcomes for children. Mechanisms supported to form consensus on best practices and implement practices using an integrated approach such as those to prevent substance related disorders and promote seeking help for improved mental health status.
  - ~NC Healthy Schools (DHHS -Division of Public Health & DPI)
  - ~Safe and Drug Free Schools (DHHS/DPI)
  - ~Safe Schools, Healthy Students – (LEAs - Local Education Agencies)
  - ~Homeless Education Services and Supports (DPI & LEAs thru McKinney-Vento)
  - ~Shared Indicators for School Readiness (DHHS/DPI)
  - ~School Based Health Services (DHHS-Division of Public Health & DPI)
  - ~Family and Youth Involvement through a System of Care (DHHS, DJJDP, AOC & DPI)

**For more information please contact:** Susan E. Robinson, Mental Health Program Manager, Prevention and Early Intervention, Community Policy Management at [susan.robinson@ncmail.net](mailto:susan.robinson@ncmail.net) or 919-715-5989 x 228

